

Name
in
Full

William Beecher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

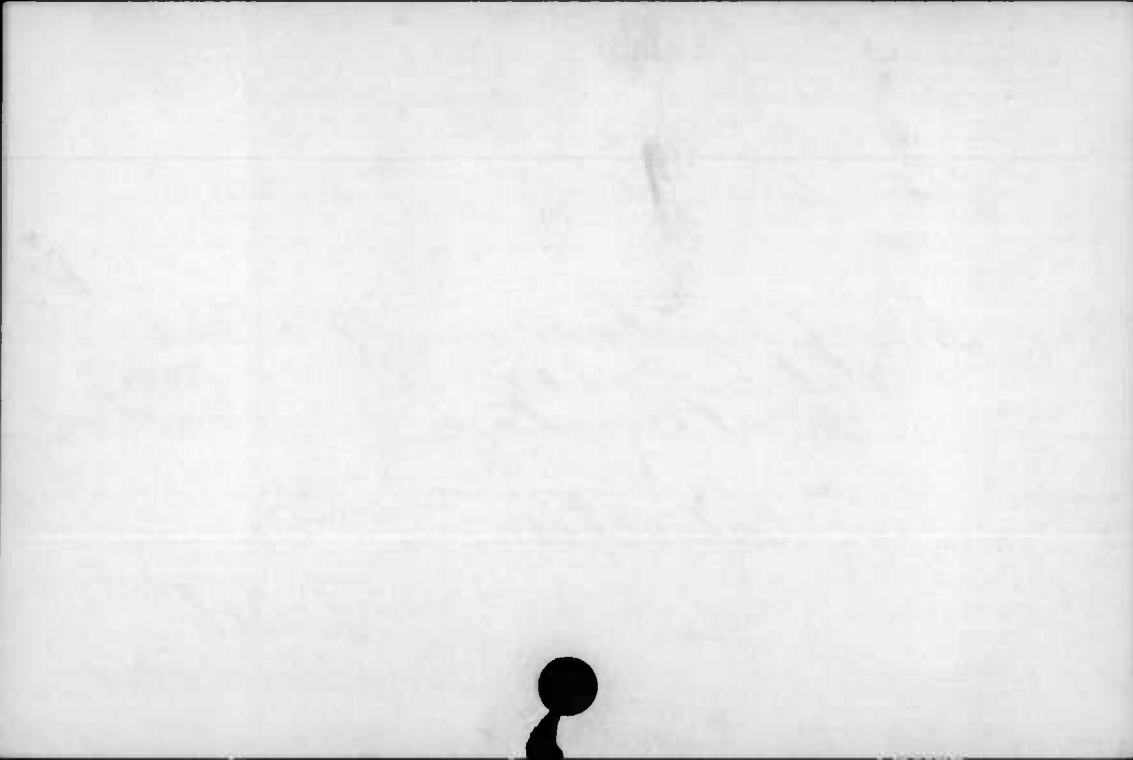
Died at Winchester ^{Town}		Queen Anne ^{County}		MARYLAND	
Date of death 1908 ^{Month} June ^{Day} 22^d ^{Years} 73		4 ^{Months}		16 ^{Days}	
Sex Male		Color or Race White		Birth-place D. A. Co. Md.	
Occupation Farmer		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband Frances			
Father's Name William Beecher		Father's Birthplace D. A. Co. Md.			
Mother's Maiden Name Don't know		Mother's Birthplace —			
Name of person giving information Son -		How related to deceased Son			

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary Infirmitas of Age	How long Six months
Immediate Inertia	How long Two weeks
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician W. W. Chaires,
Winchester	Address Queenstown,
	Md.
Accident or Suicide? —	



Name
in
Full

Anna Lucile Benton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Barclay</i> Town		<i>Queen Anne</i> County		MARYLAND	
Date of death <i>1908</i>	<i>6</i> Month	<i>14</i> Day	Age <i>-</i> Years	<i>3</i> Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Md.</i>		
Occupation <i>-</i>			Where Residing if not at place of death <i>-</i>		
Married, Single or Widowed <i>-</i>			Name of Wife or Husband <i>-</i>		
Father's Name <i>H. Earl Benton</i>			Father's Birthplace <i>Md.</i>		
Mother's Maiden Name <i>Ethel L. Price</i>			Mother's Birthplace <i>Md.</i>		
Name of person giving information <i>H. Earl Benton</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

105

PHYSICIAN
OR CORONERPrimary *Enteritis*

How long

Immediate

How long

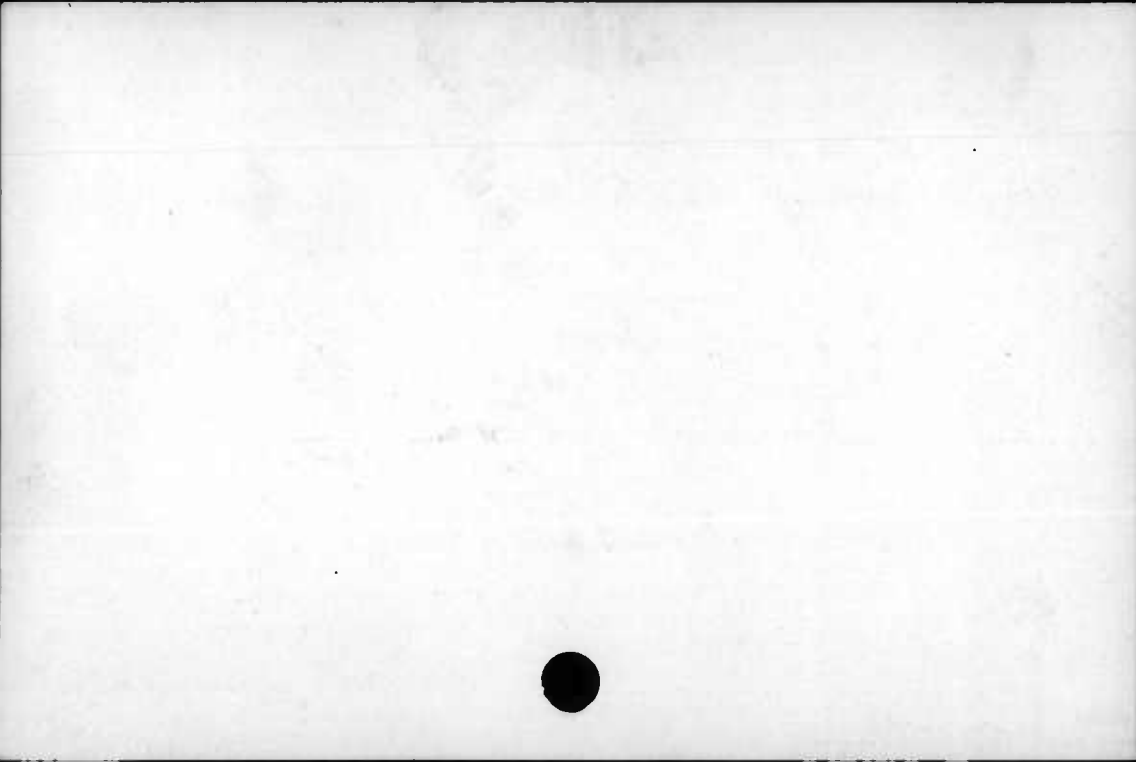
Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

J. P. Smith
*Templeville Md.*Accident or Suicide? *-*



Name
in
Full

Mary Rebecca Berry

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Burrisville</u> Town		<u>D.</u> County <u>A.</u>		MARYLAND	
Date of death	<u>1908</u>	Month <u>June</u>	Day <u>16</u>	Age <u>39</u> Years	Months <u> </u> Days <u> </u>
Sex <u>Female</u>	Color or Race <u>Black</u>		Birth-place <u>L.A. Co</u>		
Occupation <u>Cook</u>		Where Residing if not at place of death <u>Burrisville</u>			
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband <u>Ansman H. Berry</u>			
Father's Name <u>Joseph Johnson</u>		Father's Birthplace <u>L.A. Co</u>			
Mother's Maiden Name <u>Calphine Murry</u>		Mother's Birthplace <u>L.A. Co</u>			
Name of person giving information <u>Estella Berry</u>		How related to deceased <u>Daughter</u>			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<u>Pulmonary Tuberculosis</u>	How long	<u>6 months</u>
Immediate	<u>Exhaustion</u>	How long	<u>1 week</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>E. F. Smith M.D.</u>	
<u>yes</u>		Address <u>Centreville</u>	
Accident or Suicide? <u>no,</u>		<u>Md.</u>	



Name
in
Full

Henrietta Boardley

CERTIFICATE OF DEATH

MARYLAND

Died at Winchester, Md.

L.A. County

Date of death 1908 June

Day 25

Age Years 26

Months 2

Days

Sex Female

Color or
Race

Colored

Birth-
place

L. A. Co. Md.

Occupation

Wife

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

George Boardley

Father's
Name

John Grunage

Father's
Birthplace

Caroline Co. Md.

Mother's
Maiden Name

Sally Tilden

Mother's
Birthplace

L. A. Co. Md.

Name of person giving
in information

Thomas Grunage

How related
to deceased

Brother

CAUSES OF DEATH

28

Primary

Tubercular Cerebritis

How long

Six weeks

Immediate

Exhaustion

How long

Forty eight hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

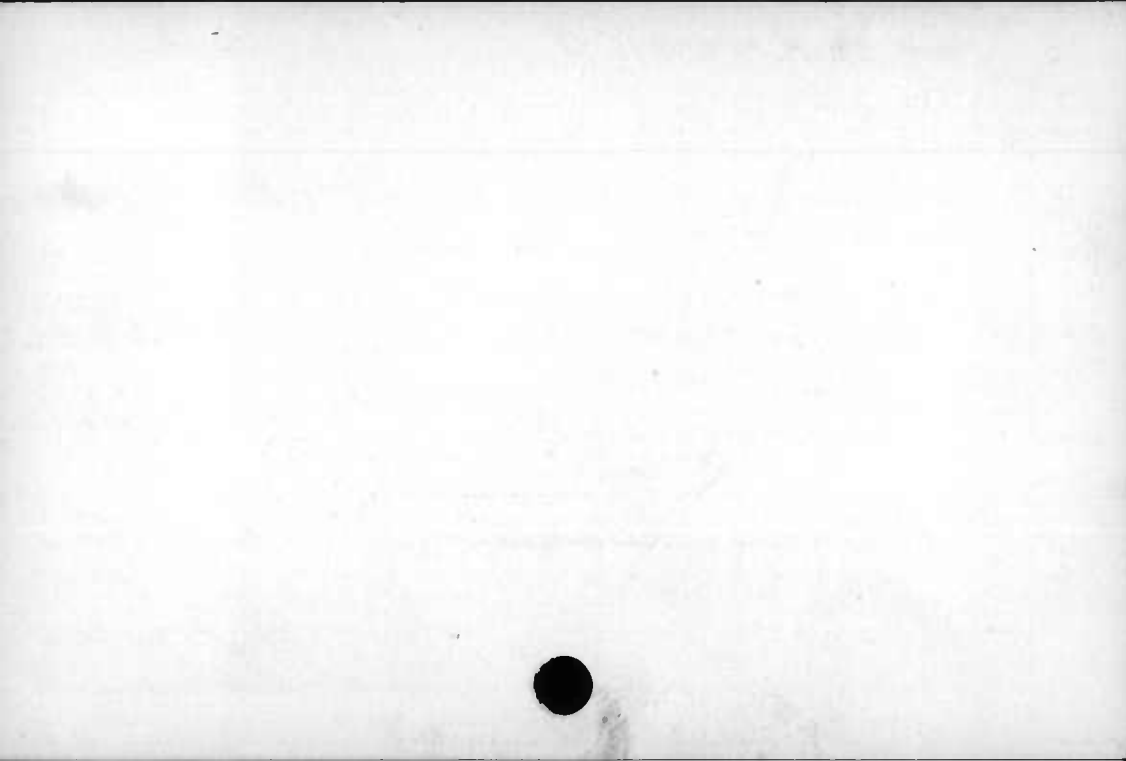
Address

J. N. Ford M. D.

Queenstown, Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Jane Brooks

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pond Town</i>		Town		County		MARYLAND	
Date of death <i>1908 June 10th</i>		Month		Day		Years	
Age <i>19</i>		Months		Days			
Sex <i>Female</i>		Color or Race <i>Irish</i>		Birth-place <i>Leontineville</i>			
Occupation <i>Cook</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>James Brooks</i>		Father's Birthplace <i>Pond Town</i>					
Mother's Maiden Name <i>Julia Brooks</i>		Mother's Birthplace					
Name of person giving information <i>James Brooks</i>		How related to deceased <i>Brother</i>					

CAUSES OF DEATH

27

How long

10 months

How long

PHYSICIAN
OR CORONERPrimary *Pulmonary Tuberculosis*Immediate *only saw patient once*

Are the name, age, sex, color, date and place correctly given above?

Yes

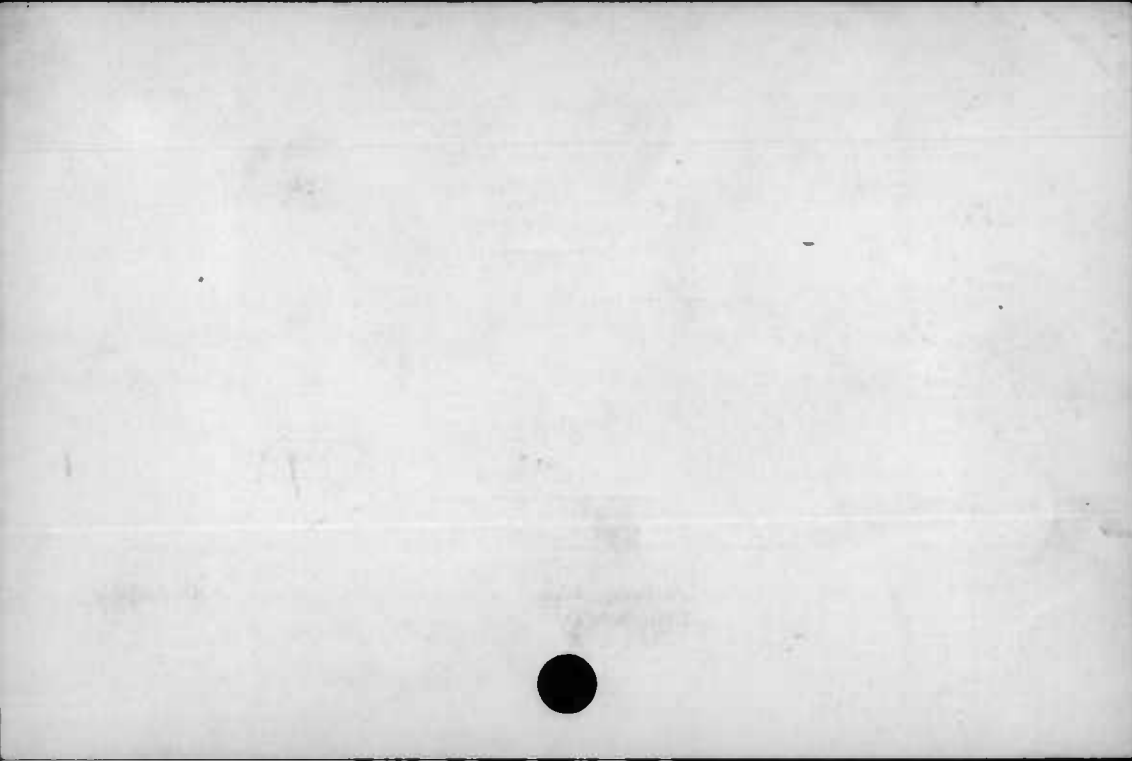
Signature of Physician

J.H. Dr. G. Green

Address

Church Hill Ave

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

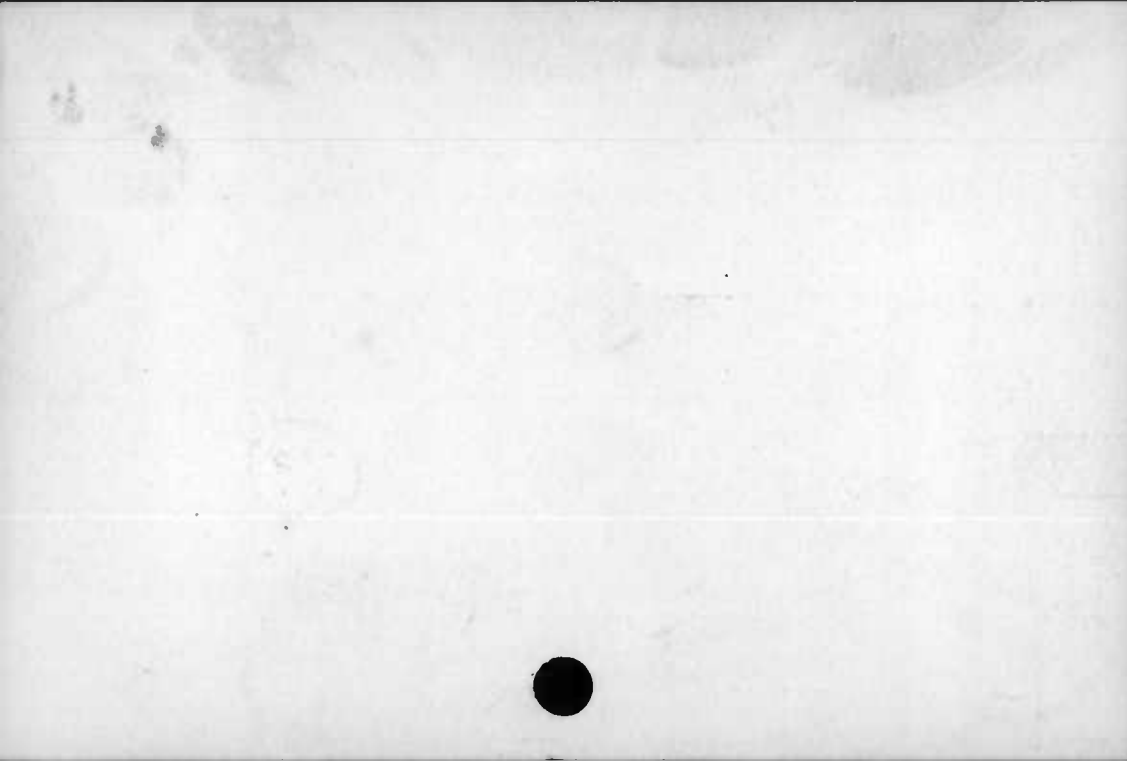
Name <i>John W. Brown</i>		Town <i>near Sudlersville</i>		County <i>Queen Anne's</i>		MARYLAND	
Died at		Month <i>6</i>		Day <i>3</i>		Years <i>73</i>	
Date of death <i>1908</i>		Months <i>7</i>		Days <i>—</i>			
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Md.</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Don't know</i>		Father's Birthplace <i>Don't know</i>					
Mother's Maiden Name <i>Don't know</i>		Mother's Birthplace <i>Don't know</i>					
Name of person giving information <i>Garfield Brown</i>		How related to deceased <i>not at all</i>					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Heart-Disease</i>	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. R. Smith, M.D.</i>	
		Address <i>Cumpliville, Md.</i>	
Accident or Suicide?			



Name
in
Full

Thomas H. Burk

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Wye Mills* ^{Town}*Queen Anne* ^{County}

MARYLAND

Date of death *1908 June*Month *June*Day *13*

Years

Age *63*

Months

Days

Sex

*Male*Color or
Race*Colored*Birth-
place*Maryland*

Occupation

*Farming*Where Residing if not
at place of death*Wye Mills*~~Married, Single~~
~~or Widowed~~Name of Wife or
HusbandFather's
Name*Giles, Burk*Father's
Birthplace*Maryland*Mother's
Maiden Name*Mrs. Krumm*Mother's
Birthplace*not known*Name of person giving
Information*Joshua T. Ryan*How related
to deceased*Brother*

CAUSES OF DEATH

169

PHYSICIAN
OR CORONER

Primary

Over heated - Exposure to sun

How long

3 hours

Immediate

Paralysis due to rupture of blood vessel

How long

*2 hours*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

*J. W. Stack, M.D.**Wye Mills.**Ind**Complete change*

Accident or Suicide?



Name
in
Full

Pearl Coursey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

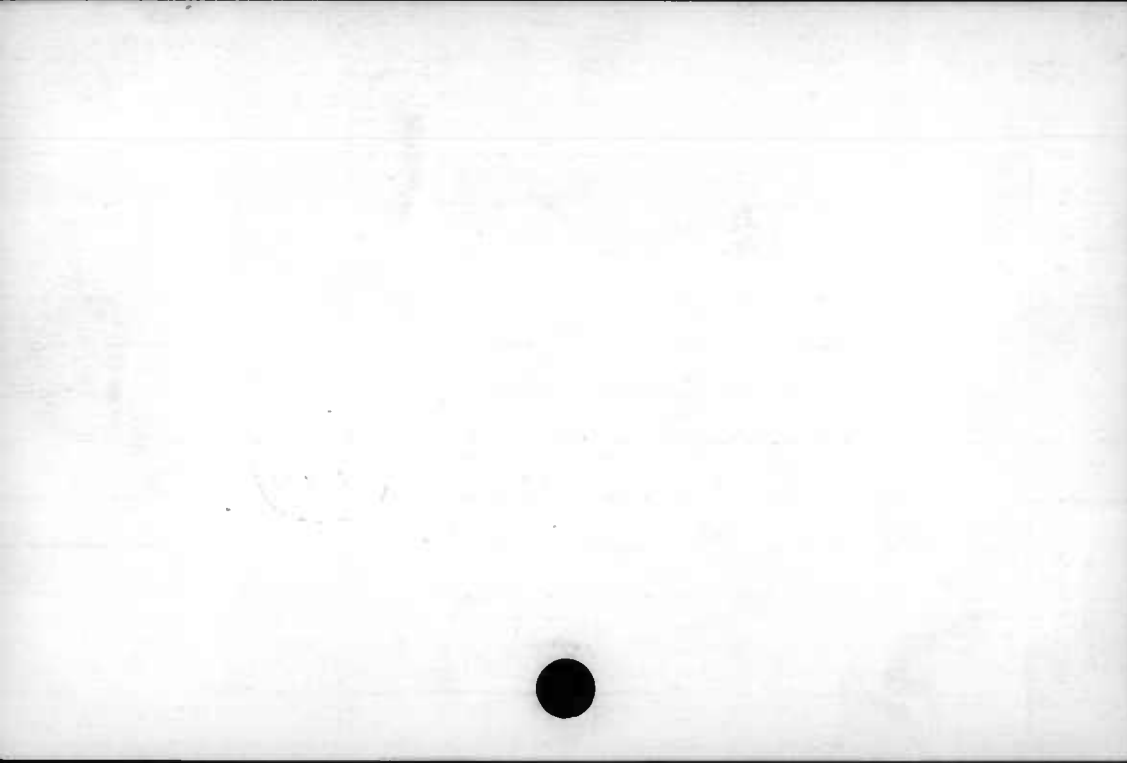
Died at <i>Centreville</i> ^{Town}		<i>Shrine Anne</i> ^{County}		MARYLAND	
Date of death 190 <i>8</i>	Month <i>6</i>	Day <i>19</i>	Age <i>1</i>	Months <i>2</i>	Days <i>4</i>
Sex <i>Female</i>	Color or Race <i>Negro</i>	Birth-place <i>Phila Pa.</i>			
Married, Single or Widowed _____			Occupation _____		
Name of Wife or Husband _____					
Father's Name <i>Chas Coursey</i>			Father's Birthplace <i>S.A. Co Md</i>		
Mother's Maiden Name <i>Jamie Standy</i>			Mother's Birthplace " " " "		
Name of person giving information <i>Rachel Handy Blake</i>			How related to deceased <i>Grand Mother</i>		

CAUSES OF DEATH

146

PHYSICIAN
OR CORONER

Primary <i>Rickets</i>	How long <i>3 months</i>
Immediate <i>Exhaustion</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. F. Smith</i>
	Address <i>Centreville Md.</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

Dorrell

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Fords Store</i> Town <i>Dorrell</i> County <i>Anne</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>June</i>	Day <i>11</i>	Age <i>—</i> Years <i>—</i> Months <i>—</i> Days <i>7</i>
Sex <i>Male</i>	Color or Race <i>white</i>	Birth-place <i>Fords Store</i>	
Occupation <i>none</i>	Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>		
Father's Name <i>Albert Dorrell</i>	Father's Birthplace <i>29 Es Ned</i>		
Mother's Maiden Name <i>Emma O. Brown</i>	Mother's Birthplace <i>26 Es Ned</i>		
Name of person giving information <i>Albert Dorrell</i>	How related to deceased <i>Son</i>		

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <i>Premature Birth</i>	How long <i>—</i>
Immediate <i>As thenia</i>	How long <i>From Birth</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm. D. Henry</i>
	Address <i>Stearnsville, Ind.</i>
Accident or Suicide? <i>no</i>	

+



Name
in
Full

Sallie G. Goodwin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Centerville</i> ^{Town}		<i>Queen Anne's</i> ^{County}		MARYLAND	
Date of death 190 <i>8</i>	<i>June</i> ^{Month}	<i>8</i> ^{Day}	Age <i>74</i> ^{Years}	<i>—</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>Caucasian</i>		Birth-place <i>Annapolis Md</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>None</i>		
Name of Wife or Husband					
Father's Name <i>Richard T. Goodwin</i>			Father's Birthplace <i>Annapolis Md</i>		
Mother's Maiden Name <i>Matilda Shippe</i>			Mother's Birthplace <i>Annapolis Md</i>		
Name of person giving information <i>Mrs Matilda G. Price</i>			How related to deceased <i>Sister</i>		

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Valvular Heart disease</i>	How long	<i>a great many years</i>
Immediate	<i>Heart failure or paralysis</i>	How long	<i>only a few minutes</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Jas Borahy MD</i>
		Address	<i>Centerville Md.</i>
Accident or Suicide?			



Name
in
Full

Mrs Maria B. Green

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Price St</u> <u>Queen Anne</u> <u>MARYLAND</u>	
Date of death <u>1908 June 7</u>	Age <u>68</u> Months <u>11</u> Days <u>14</u>
Sex <u>Female</u> Color or Race <u>White</u>	Birth-place <u>Maryland</u>
Occupation <u>Lady</u>	Where Residing if not at place of death <u>at place of death</u>
Married or Widowed <u>Widow</u>	Name of Wife or Husband <u>Thos J. Green Decd.</u>
Father's Name <u>Richard Mitchell</u>	Father's Birthplace <u>Pa.</u>
Mother's Maiden Name <u>Anna Baker</u>	Mother's Birthplace <u>Pa.</u>
Name of person giving Information <u>Mrs. Green</u>	How related to deceased <u>Son</u>

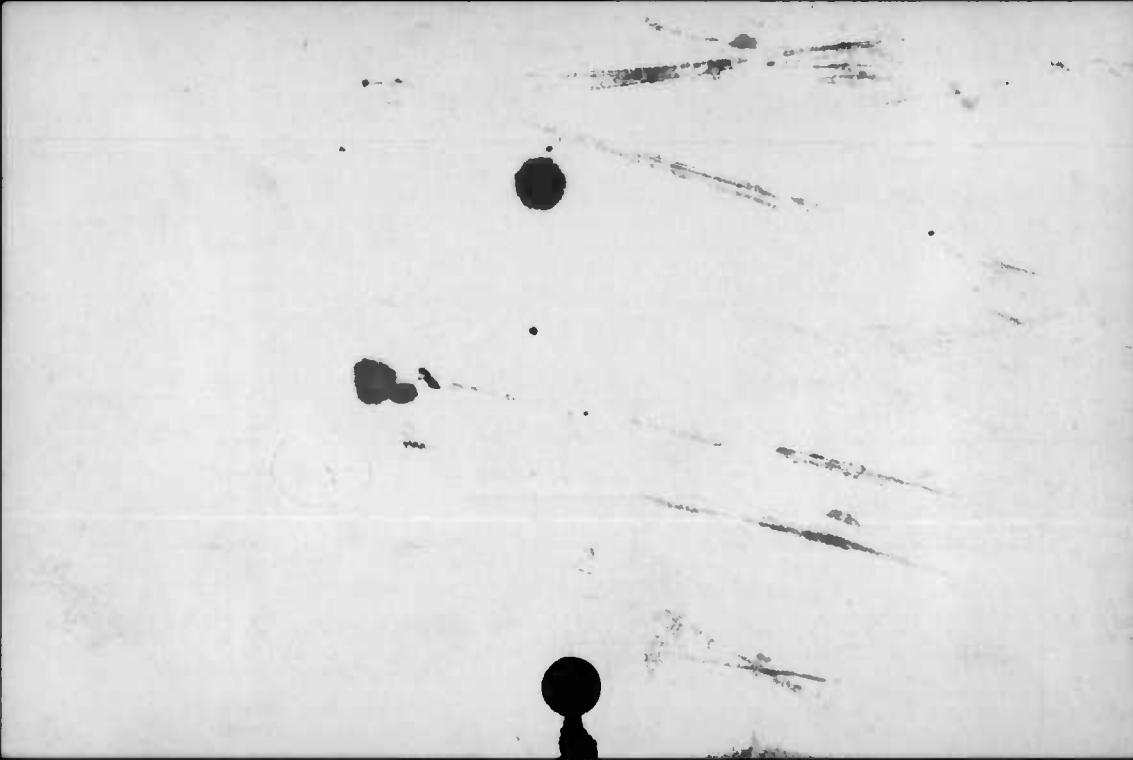
CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary <u>Cancer of Liver & Stomach</u>	How long <u>2 years</u>
Immediate <u>Asthenia & Hemorrhage</u>	How long <u>4 weeks.</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>H. G. Crippage</u>
	Address <u>Church Hill</u>
	<u>Ind</u>

Accident or Suicide?



Name
in
Full

unnamed infant Hase

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Winchester		County Queen Anne's		MARYLAND	
Date of death		190	Month June	Day 12	Age	Years	Months Days
Sex		male		Color or Race Coffard		Birth-place Winchester	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

George A Hase

2 A Count

Harrate Bolder

2 A "

George A Hase

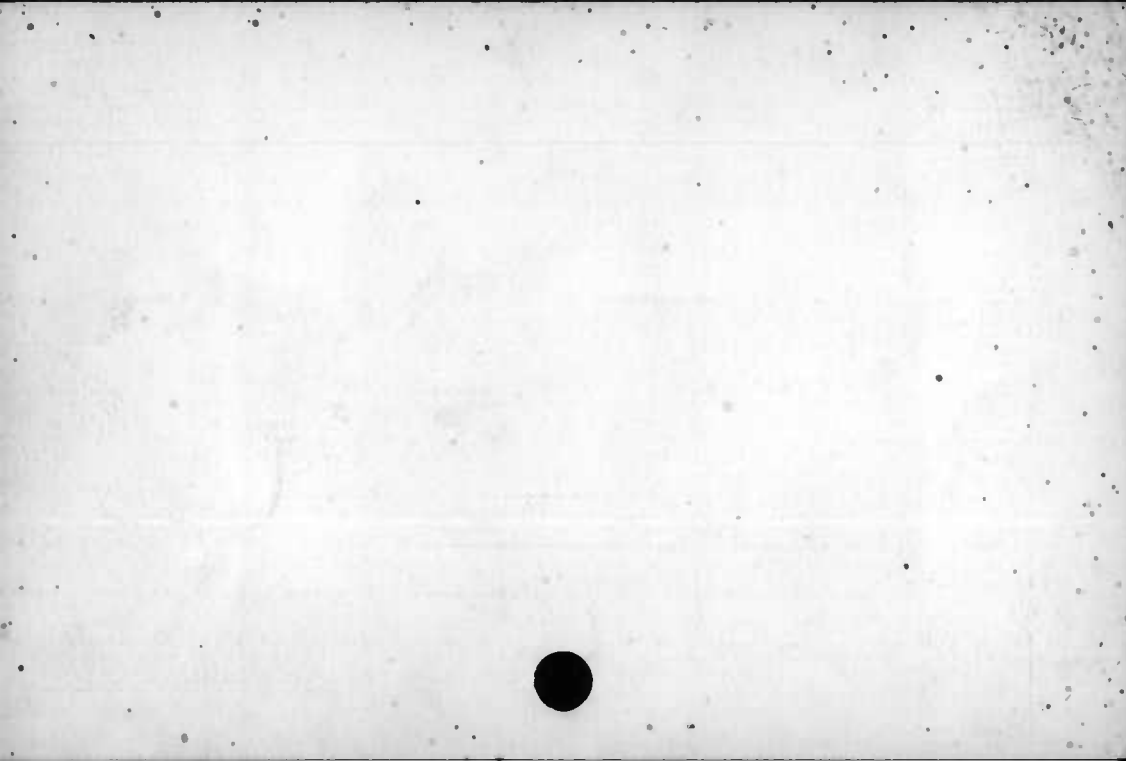
Father

CAUSES OF DEATH

(S)

PHYSICIAN
OR CORONER

Primary		How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Mary J Bowser	
Dead hand		Address	
Accident or Suicide?		Fords Store	



Name
in
Full

Mrs Martha Jones

CERTIFICATE OF DEATH

Died at <i>Neas Suckersville</i> ^{Town}		<i>Jimm Anne</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	Month	<i>6</i>	Day	<i>30</i>
Age		<i>75</i>		Months	Days
Sex	<i>Female</i>		Color or Race	<i>White</i>	
Occupation	<i>Housekeeper</i>		Birth-place	<i>Maryland</i>	
Where Residing if not at place of death	<i>Neas Suckersville</i>				
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>Wm Jones</i>	
Father's Name	<i>Isaiah Clow</i>		Father's Birthplace	<i> Md</i>	
Mother's Maiden Name	<i>Wilburn</i>		Mother's Birthplace	<i> Md</i>	
Name of person giving information	<i>Chas W Price</i>		How related to deceased	<i>Son</i>	

CAUSES OF DEATH

64

Primary	<i>Paralysis</i>	How long	<i>Six Years</i>
Immediate	<i>3rd stroke Paralysis, Apoplexy</i>	How long	<i>8 Hours.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Foster Suckers</i>
		Address	<i>Suckersville</i>
Accident or Suicide?			<i>Md</i>

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Sudlersville

Name in Full		Town				County		CERTIFICATE OF DEATH	
Grace Newman						R. C.		MARYLAND	
Died at		Date of death		Month	Day	Age	Years	Months	Days
1908		June		20		Old	age		
Sex		Color or Race		Birth-place					
Female		Colored		R. C. Co., Md.					
Occupation		Where Residing if not at place of death							
no occupation (old age)									
Married, Single or Widowed		Name of Wife or Husband							
married		Frank Laws							
Father's Name		Father's Birthplace							
went known		went known							
Mother's Maiden Name		Mother's Birthplace							
went known		went known							
Name of person giving information		How related to deceased							
Georgiana Conyers		daughter							
CAUSES OF DEATH									
Primary		How long							
Senility		went known							
Immediate		How long							
Heart failure		went known							
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician							
Yes		Powell H. Ford							
		Address							
		Queenstown, Md.							
Accident or Suicide?									

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

154

Mr. Goldsborough —

Kindly give in \$100
for this case of old woman

who died near Mr. Chas. Price
farmer — Last name is Poyer

(100)

Yours etc

John

Name
in
Full

Herbert O'Donnell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

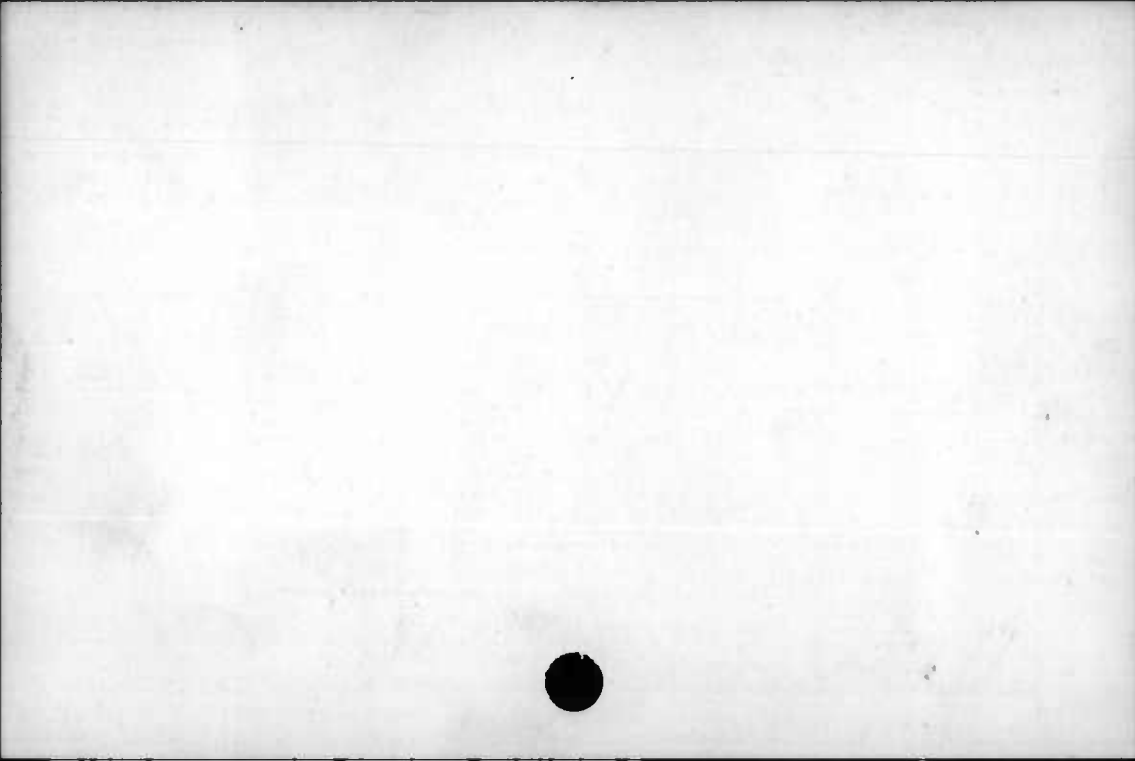
Died at <u>Fords Store</u> <small>Town</small>		<u>Queen Anne</u> <small>County</small>		MARYLAND	
Date of death	<u>1908</u>	Month	<u>June</u>	Day	<u>21</u>
Age		<u>1</u>	Years	Months	<u>8</u>
Sex	<u>Male</u>	Color or Race	<u>white</u>	Birthplace	<u>24 Co Md</u>
Occupation			Where Residing if not at place of death		
Married, Single or Widowed	<u>single</u>	Name of Wife or Husband			
Father's Name	<u>John O'Donnell</u>			Father's Birthplace	<u>24 Co Md</u>
Mother's Maiden Name	<u>Brochie Thomas</u>			Mother's Birthplace	<u>24 Co Md</u>
Name of person giving information	<u>Harry O'Donnell</u>			How related to deceased	<u>uncle</u>

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<u>Gastro Enteritis</u>	How long	<u>3 weeks</u>
Immediate	<u>Cerebritis</u>	How long	<u>few days</u>
Are the name, age, sex, color, date and place correctly given above?		<u>yes</u>	
Signature of Physician		<u>Levin H. Henry</u>	
Address		<u>Stevensville Md</u>	
Accident or Suicide?		<u>no</u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mrs Susan Agnes Powell

Town *Prince* County *Queen Anne's* MARYLAND

Died *1908* Month *June* Day *1* Age *63* Years Months *9* Days *2*

Date of death

Sex *Female* Color or Race *White* Birth-place *Ind.*

Occupation *Housewife* Where Residing if not at place of death *At place of death*

Married, Single or Widowed *Married* Name of Wife or Husband *John D. Powell*

Father's Name *John D. Powell* Father's Birthplace *Del*

Mother's Maiden Name *Elizabeth Clements* Mother's Birthplace *Del*

Name of person giving information *John D. Powell* How related to deceased *Husband*

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary *Pneumonia and Paralysis* How long *2 weeks*

Immediate *Asthenia* How long *3 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *H. G. Capozzi*

Address *Church Hill*

This woman lost weight a shock from lightning

Accident - which came from lightning



Name
in
Full

Leon T. Rochester

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

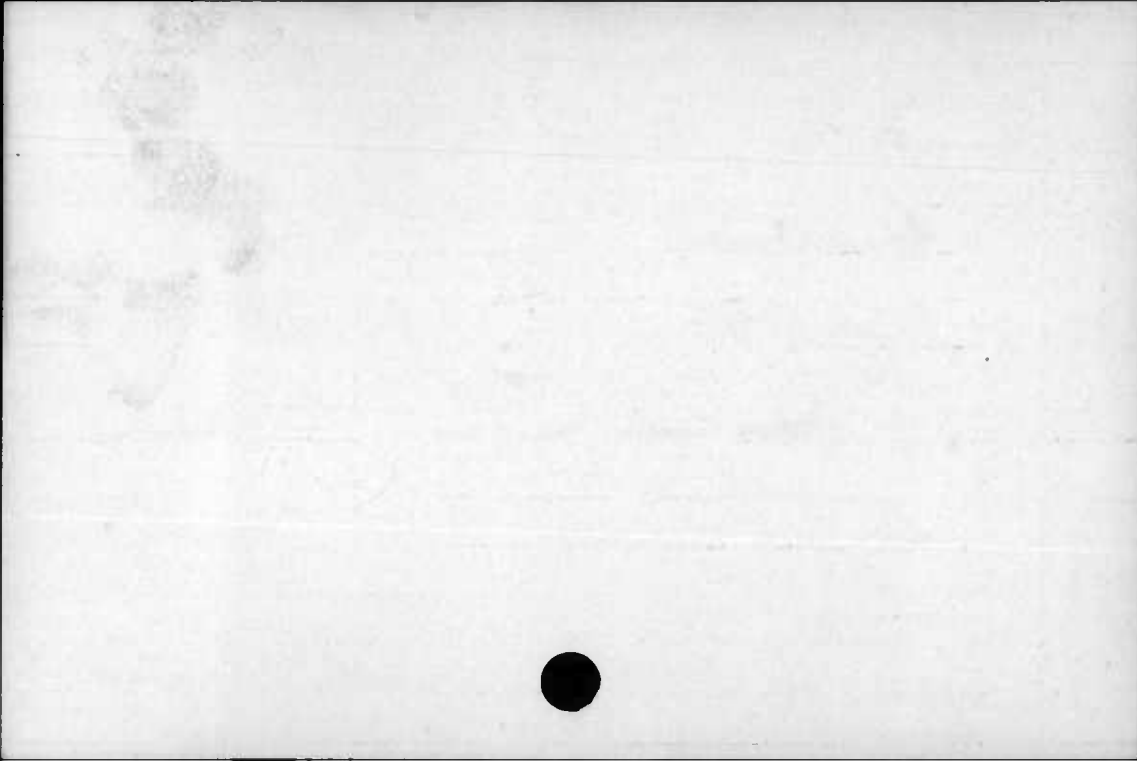
Died at <i>Hyattsville</i> Town		<i>D.C.</i> County	
Date of death <i>1905</i>	Month <i>June</i>	Day <i>25</i>	Age <i>—</i> Years
Sex <i>male</i>	Color or Race <i>Colored</i>	Birth-place <i>Ingleside Md.</i>	Months <i>7</i> Days <i>4</i>
Occupation		Where Residing if not at place of death	
Married, Single or Widowed		Name of Wife or Husband	
Father's Name <i>Samuel J. Rochester</i>		Father's Birthplace <i>Ingleside Md.</i>	
Mother's Maiden Name <i>Eve A. Taylor</i>		Mother's Birthplace <i>D.C. Md.</i>	
Name of person giving information <i>Mother</i>		How related to deceased	

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary <i>Teething</i>	How long <i>Don't know</i>
Immediate <i>Exhaustion</i>	How long <i>Don't know</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Pauland H. Ford</i>
<i>Ingleside</i>	Address <i>Quilbustown, Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sussexville</i> <small>Town</small>		<i>Lynn Anne</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i> <small>Month</small>		<i>6</i> <small>Day</small>	<i>30</i> <small>Age</small>	<i>36</i> <small>Years</small>	<i>Months</i> <small>Days</small>
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>md</i>	
Occupation <i>Seamstress</i>		Where Residing if not at place of death <i>md</i>			
<input checked="" type="checkbox"/> Married, Single or Widowed		Name of Wife or Husband <i>Robt Roe</i>			
Father's Name <i>John Rolph</i>		Father's Birthplace <i>md</i>			
Mother's Maiden Name <i>Rachael Jane Jacobson</i>		Mother's Birthplace <i>md</i>			
Name of person giving information <i>Mrs Annie Morgan</i>		How related to deceased <i>Niece</i>			

CAUSES OF DEATH

80

PHYSICIAN
OR CORONER

Primary <i>Angina Pectoris</i>		How long <i>Suddenly</i>	
Immediate <i>" "</i>		How long <i>1/2 hour</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Foster Suck</i>	
		Address <i>Sussexville md</i>	
Accident or Suicide? <i>no</i>			

Miller's County

Name
in
Full

Mrs Annie E Wallace

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

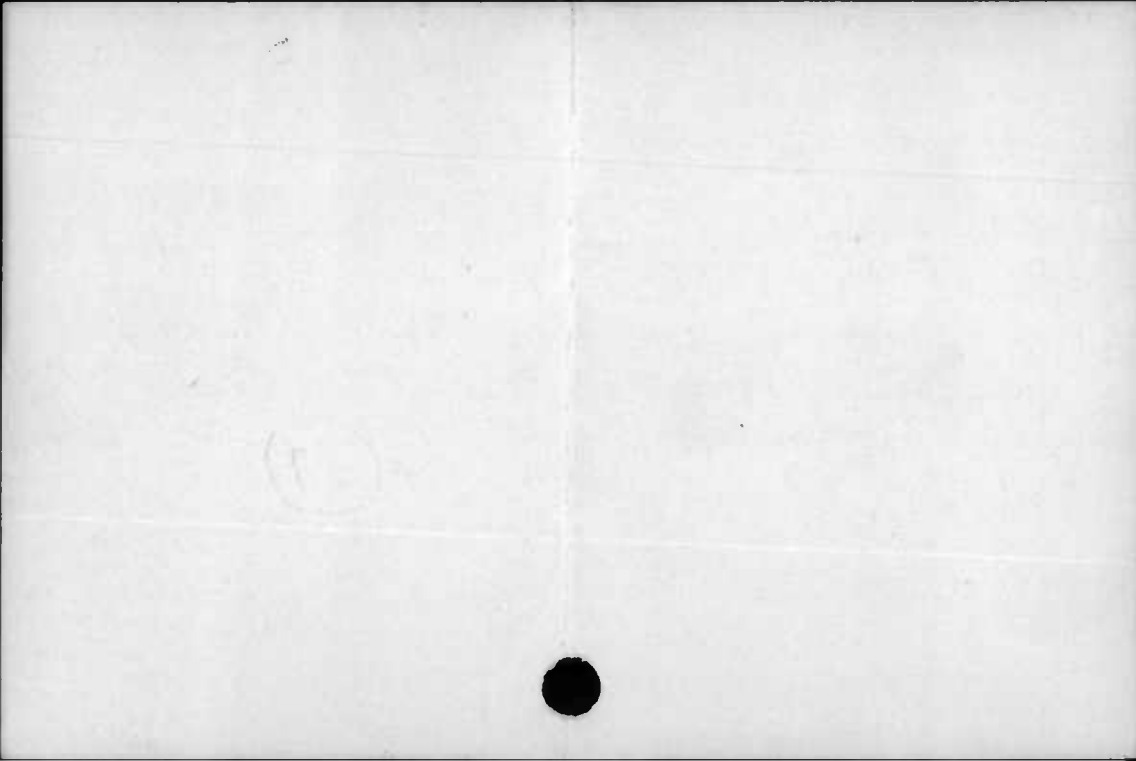
Died at <i>Bardley</i> <small>Town</small>		<i>Jurn Anne</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i> <small>Month</small> <i>6</i> <small>Day</small> <i>11</i> <small>Years</small> <i>62</i>		<small>Months</small>		<small>Days</small>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>MD</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband <i>Joseph Wallace</i>			
Father's Name <i>Richard Phillips</i>		Father's Birthplace <i>MD</i>			
Mother's Maiden Name <i>Amanda Keenith</i>		Mother's Birthplace <i>MD</i>			
Name of person giving information <i>Joseph Wallace</i>		How related to deceased <i>Husband</i>			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis of Lungs</i>	How long	<i>Several Years</i>
Immediate	<i>Exhaustion, wasting</i>	How long	<i>Three months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Foster Sudbr</i>	
		Address <i>Sudbrville MD</i>	
Accident or Suicide? <i>No</i>			



Name
In
Full

unnamed Chile Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Winchester		County Q. A. Co.		MARYLAND	
Date of death		1908	Month June	Day 17	Age	Years 1	Months 7
Sex female		Color or Race colored		Birth- place Winchester			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name Elizah Williams				Father's Birthplace Q. A. Co.			
Mother's Maiden Name Bertha Anderson				Mother's Birthplace B. alto City.			
Name of person giving In formation Elizah Williams				How related to deceased father			

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	<input checked="" type="checkbox"/>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Chas. O. Courcy.
natural causes		Address acting coroner Fonds Stone Ma
Accident or Suicide?		

(171)